

The following profiles highlight the results and findings of individual focus groups conducted in four states under the HRSA State Planning Grant. For more information about these and other SPG-funded focus groups, please go to <http://www.statecoverage.net/pdf/hrsamatrices.pdf>

## **Maryland**

Maryland conducted a series of focus groups with parents and caregivers of Maryland's Children's Health Program (MCHP) Premium applicants and disenrollees. The purpose of these focus groups was to assist the Department of Health and Mental Hygiene in understanding why a significant number of MCHP Premium applicants terminated the application process without enrolling in the program and why some children disenrolled from the program.

Selected findings:

- Important factors in parents' choice of plan are the quality of medical care of physicians who participate, the size of the physician network, whether their child's pediatrician is participating, and the accessibility of physicians and their locations.
- Cost is the determining factor in selecting a health plan.
- Parents understand the importance of health care coverage for their children, and most have had coverage in the past. They consider the range of benefits provided, including the availability of vision and dental benefits, when weighing the costs of the program.
- Most parents apply to the MCHP Premium program in response to a major event affecting their child's health, as a fast solution to the immediate problem.
- While parents find the MCHP Premium application form easy to understand, the process is confusing. Since many parents use it as a quick solution, they expect their application to be processed and for MCHP Premium representatives to follow up with them quickly.
- Written materials sent by MCHP Premium during the application process are contributing to some applicants' lack of follow-through, such as wording in the cover letter that states that the applicant "may" be eligible, and that they are ineligible for MCHP.
- Disenrollment is most often due to non-payment of premium or an increase in family income.
- While parents are fairly unfamiliar with the specific benefits of the MCHP Premium program, they are impressed with the benefits offered.
- Parents' satisfaction with the program is mixed. Some indicate they are highly satisfied with the program, including the quality of care and size of the physician network. Others are critical about how difficult it is to find participating providers or providers who were willing to accept new patients and about the dental plan.

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## Wyoming

Focus groups were held with uninsured residents of the state of Wyoming. While most residents get their insurance through their employer, there is a very high number of small employers in the state who are less likely to offer insurance coverage.

### Selected findings:

- When it comes to getting care, most uninsured try to get by, seeking care only when they really need it. They have to balance expenses for food and housing, while dealing with routine and unexpected expenses for health care.
- Some participants felt they were treated poorly when they did seek health care because they were uninsured. They felt that it was difficult to obtain care and that they were ignored by health care providers. They were also frustrated with referrals and diagnostic tests.
- Insurance was a fairly high priority. For some participants, insurance was their highest priority, while for others, transportation and education ranked higher.
- Most were uninsured because their employer did not offer it, or they were unemployed and the cost of individual insurance was too high.
- Many of the uninsured do not participate in public programs because they feel they “fall through the cracks.” Others said they did not even look for insurance coverage anymore because they knew it would be too expensive.
- Most attempted to maintain a healthy lifestyle by having a positive attitude, eating right, and exercising. Some used available community resources such as churches, health fairs, and other public health services, but often found these to be inadequate or incomplete.
- The health system was seen as a maze that was difficult to negotiate. People had trouble understanding the costs of their care, including medications, and felt there were too many bureaucratic barriers.

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## **Massachusetts**

Focus groups were held in Massachusetts to provide insight into why eligible Latinos do not participate in available public (most commonly the state's public program, MassHealth) and private insurance programs.

### Selected findings:

- The Latino community was selected for the focus group because of its high rate of uninsurance. Most of the Latino population is Puerto Rican, which typically has a higher rate of insurance compared to populations from Mexico and Central or South America.
- Participants reported a fear of jeopardizing their chances to obtain permanent residency as a barrier to applying to MassHealth. Language and lack of a Social Security number posed another barrier.
- Access to care differed for each focus group. Some reported they were enrolled in MassHealth in the past, but were dropped because of their age or their income. Others had difficulty accessing primary care and had to rely on emergency rooms. There was also a feeling it was difficult to enroll into MassHealth but easy to get dropped from the program.
- There was a general concern about cultural competency of health care providers, intake workers and/or people who answered the help desk phones. Also, information and knowledge of health care options were limited by the fear that seeking out information may jeopardize immigration status.
- Most thought insurance was necessary but because of income and immigration status, almost impossible to obtain. The greatest worry was that prescription drugs were out of the range of possibility. Free care was not seen as a positive alternative. There was a strong feeling that people came here to work and did not want to be a burden or a public charge.
- Lack of familiarity with the programs was not a problem. Most knew about MassHealth. Several people were given forms and encouraged to apply, but were not given the assistance they had hoped for.

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## Oregon

Oregon hosted a series of focus groups to capture the insights about the diverse real life experiences and concerns of the study participants related to health care. The focus groups, held with uninsured residents, defined “uninsured” as having no insurance at some point during the course of the year. As a result, many of the participants were enrolled in the state’s public program, the Oregon Health Plan (OHP), at some point, and talked about their experiences with this program in addition to their experiences without insurance.

### Selected findings:

- Most of the uninsured are familiar with OHP. Their experiences though have been generally negative, with complaints about long waits, delayed and inflexible appointments, vague and overly complicated reapplication process, and impersonal treatment. Also, most OHP patients are poor and did not have reliable transportation to get to appointments.
- Safety net clinics and community outreach centers play a crucial role in providing affordable, timely and culturally sensitive health care to uninsured individuals. Participants reported feeling a sense of security and comfort while accessing care from these places.
- The uninsured are concerned about their health care but find it difficult to pay for its high cost. They would prefer more affordable and comprehensive health coverage from the state, and feel that a health plan should cover their entire family.
- Several participants reported that they received poor treatment based on their low-income and/or ethnic minority status because they were either uninsured or on OHP. However, there did seem to be misinformation in general about OHP.
- The greatest barrier is cost; As a result, many people postponed seeking care on several occasions during the last 12 months.
- Many employers do not offer coverage or it is difficult to qualify and afford employer-sponsored coverage. Also, the employed uninsured are often slightly above the income level that qualifies them for state-sponsored insurance programs.